State of New Jersey
Department of Community Affairs
Carnival/Amusement Rides
P.O. Box 816
Trenton, New Jersey 08625
Phone (609) 292-2097

Soft Play Units APPLICATION FOR TYPE CERTIFICATION THIS APPLICATION IS TO BE COMPLETED BY THE RIDE MANUFACTURER

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MANUFACTURER:	RIDE NAME
CONTACT PERSON:	MODEL
SERVICE ADDRESS:	Phone: ()
OFFICE / MANUFACTURING ADDRESS:	Cell: ()
OTHER INTERESTED PARTY:	Fax: () Email:
98-9.1.1, signed and sealed by a licensed production Quality Assurance manual as per ASTM F11 ☐ Illustration and the lay out of the ride; ☐ A statement that the ride is in compliance wit ☐ \$280 application fee, MAKE CHECK PAYABLE ☐ \$280 engineering review fee, MAKE CHECK P	ly manual, per ASTM F1918-10; requirements, per ASTM F1918-98-11; s; 98-9 OR One set of design calculations as per ASTM F1918-fessional engineer OR Compliance with N.J.A.C 5:14A –7; 93-97; th ASTM F 1918-98; E TO: TREASURER, STATE OF N.J.
SIGNATURE	TITLE
PRINT	DATE

Our mission: To Assure Public Safety on all Amusement Rides